



Enduro World Events, Products & Reviews (PTY) Ltd
 Company Reg No.: 2019/578410/07
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COVID-19

Online Resource & News Portal
SAcoronavirus.co.za



COVID-19 SELF ASSESSMENT SCREENING QUESTIONNAIRE

This form must please be filled in by the rider / 1 per rider.

(to be handed in at the access point/Documentation and completed the day before the event)

If you answer **YES** to any of the symptom questions you may not continue with/or compete in the event, if you do you will **not be permitted** to enter the training facilities or show/event.

Name of Rider	
Date of Birth	
Email Address	
Contact Telephone Number	
Physical Address	

Do you have any of the following symptoms?	<i>(Please Tick off your answer below)</i>	
Fever (high temperature)	Yes	No
Cough	Yes	No
Sore throat	Yes	No
Shortness of breath	Yes	No
Myalgia (general weakness)	Yes	No
Loss of taste (ageusia)	Yes	No
Loss of sense of smell (anosmia)	Yes	No
Body aches	Yes	No
Redness of the eyes	Yes	No
Nausea/vomiting/diarrhoea	Yes	No

I hereby certify that the information I have provided in this form is complete, true and accurate and I give permission to Enduro World to validate any information provided.

In line with the Protection of Personal Information Act, you are required to give permission for the SAEF to check the accuracy of any information provided. Should it become apparent that the information you have provided is false our disciplinary procedures and processes will apply.

Signature: _____

Date: _____